with the same of t									Application or Docket Number					
<u></u>	PATENT	APPLICATION Effect	RD .	10809042										
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OR		R THAN ENTITY		
L	OTAL CLAIMS	5	94				RAT	E	FEE	7	RATE	FEE		
F	OR		NUMBER	NUMBER FILED		NUMBER EXTRA		FEE	385.00	OR	BASIC FEE	770.00		
T	OTAL CHARGE	ABLE CLAIMS	94 m	94 minus 20=		4	XS	)=		OR	X\$18=	1332		
<b> </b>	DEPENDENT C	·				2	X43	X43=		OR	X86=	172		
MULTIPLE DEPENDENT CLAIM PRESENT						+145	=		OR	+290=	3/			
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA	\L		OR	TOTAL	2274		
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER			
AMENDMENTA	1-23-04	CLAIMS		HIGHI NUME PREVIO PAID F	EST BER JUSLY	PRESENT EXTRA	RATI	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 94	Minus	9	4	= .	X\$ 9	-		OR	X\$18=			
AME	Independent	1.5	Minus	*** E	<u> </u>	=	X43:			OR	X86=			
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145	_		OR	+290=			
	\$							AL EE		OR	TOTAL ADDIT, FEE	.ad		
<b></b> .		(Column 1)	ADOIT. F	L E 1		• '	NOOM, FEE	7						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NON	Total	4	Minus	44		=	X\$ 9:			OR	X\$18=			
AME	Independent	<u> </u>	Minus	***		=	X43=			OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									QR.	+290=			
	•									OR ,	TOTAL ODIT. FEE	9		
		ADDIT. FI			•									
AMENDMENTC		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMB PREVIOU PAID F	ST ER JSLY	(Column 3) PRESENT EXTRA	RATE	1	ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE		
≥ 0 Z	Total		Minus	4**		<b>E</b>	X\$ 9=	1		OR	X\$18≟			
ME [	Independent	*	Minus	RAR		=	X43=	+	<u>-</u>		X86=			
_ [	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							- -		OR	700-			
• • •	the color to set	+145=			OR	+290=								
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."														
T	nie mignest Numl he Highest Numl	nber Previously Paid ber Previously Paid	For (Total or	SPACE is I Independent	ess than  I) is the t	is, enter 's.' nighest number f	ound in the a	ppro	priale box			.		